



Seminole Nation Diabetes Program
2018 Spring Fekce Yekce Challenge Participant
Registration Form

Name: _____
 First **Middle** **Last**

Gender: _____ **Male** _____ **Female** **Date of Birth:** _____

Tribe Enrolled with: _____

Mailing Address: _____

Home Telephone: _____ **Cell Phone:** _____

Email Address: _____

Nickname/User Name for Challenge Score Board: _____ **(Keep it PG now!)**

TEAM NAME: _____ **NAME OF TEAMMATE:** _____

Emergency Contact Name(s): _____

EMERGENCY NUMBER (MUST BE VALID WORKING NUMBER): _____

Special Needs: Please indicate any special needs or disabilities that we should know about. Include any medications needed or other necessary information with this form. We will contact you with any questions.

Special Dietary Needs: Please indicate any special dietary restrictions such as vegetarian or food allergies.

Medical History:

Please answer the following questions: YES or NO

Does the participant currently have any physical complaints or chronic illness? _____

If yes, please list: _____

Is the participant currently taking medications of any kind? _____

If yes, list medication and frequency of dosage: _____

Has the participant had any significant past injuries, illnesses, or surgeries? _____

If yes, please list what and when: _____

Does the participant suffer from allergies of any kind? _____

If yes, please list allergies and reactions: _____

Additional Information: Please use this space to describe any additional relevant medical information not covered by the questions above. _____

Insurance Information:

Is the participant currently covered by medical insurance? Yes No

If yes, please list the name of the insurance provider: _____

Policy or Group # _____ Name of Primary Insured: _____

Name of Physician: _____ Phone: _____

Signature of Participant

Date

What type of cooking demonstrations would you like to see most frequent during this challenge? (Circle All That Apply)

- a) Breakfast Demonstration
- b) Lunch Demonstration
- c) Dinner Demonstration
- d) On The Go Snacks Demonstration
- e) Other: _____

What type of educational sessions would like to see most frequent during this challenge? (Circle All That Apply)

- a) Understanding Pre-workout Supplements: Pro v. Con
- b) Understanding Resistance Training & Muscle Failure
- c) Basics & Benefits of Cardiorespiratory Training
- d) Basics & Benefits of Resistance Training
- e) Basics & Benefits of Circuit Training
- f) Basics & Benefits of High Intensity Interval Training (HIIT)
- g) Basics of Nutrition & Weight Loss or Weight Gain
- h) Basics of Muscular Growth Training
- i) Basics of Intermittent Cardio
- j) Basics of Exercising & Weight Loss
- k) Basics of Plyometric Exercises
- l) Basics of Balance Exercises
- m) Basics of Barbell Exercises
- n) Basics of Dumbbell Exercises
- o) Basics of Body Weight Exercises
- p) Basics of Medicine Ball Exercises
- q) Other: _____

Training sessions with the Exercise Specialist &/or Exercise & Lifestyle Coach are viable ways to accumulate points. If you are choosing this as a point avenue for the challenge, please answer the following:

I prefer the following (circle one):

1 v 1 training sessions

Group training sessions

Optimal Days & Time for training sessions:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Participant of Agreement to Training Sessions

I, _____, agree to honor my appointment times for 1 v 1 training sessions &/or group training sessions with the Exercise Specialist &/or the Exercise & Lifestyle Coach of the Seminole Nation Diabetes Program. I understand that there is a time commitment by both parties involved and should I not be able to honor my part of the time commitment, I will provide at least a 12-hours notice if I cannot make an agreed upon time for said training sessions. I also agree that if I **miss two (2) consecutive sessions** with the aforementioned parties that **any future appointment times for 1 v 1 training sessions &/or group training sessions will be relinquished.**

Signature of participant

Date

Participant Acknowledgement

I, _____ will adhere to what I set forth for myself during this 8-week Challenge. I understand that I am 1 of 20 individuals who take part in this challenge and understand that being of the said 20 individuals that my spot is mine and mine alone. I understand that no other person can substitute for me at anytime during this 8-week challenge. I understand that this challenge is an 8-week commitment and that the weeks are consecutive in order. In addition, I understand that should I not meet the tasks required in this challenge, that no incentives shall be rewarded to me at the conclusion of the challenge. Finally, I understand that this challenge is not a class offered by the Exercise Specialist and/or the Health & Wellness Coach of the Seminole Nation Diabetes Program; however, I understand that I may seek counsel from the aforementioned entities of the program to assist me in achieving my goal for the 8-weeks.

Signature of participant

Date

This challenge is reflective of the best practice goal of the SNDP. For this particular challenge, we are targeting 20 individuals to assist in attaining our overall target number for the year. Should one not complete the challenge, our target goal for this challenge (and our overall target number for the year) will not have been met. Subsequently, any person who drops from this challenge will hurt the future funding opportunities for the Seminole Nation Diabetes Program to facilitate future challenges such as this one.

In addition, should one dropout from this challenge; one may be placed on a future list that prohibits participation in future challenges.

I, _____, agree to complete this challenge to the best of my abilities.

Signature of participant

Date

Photograph, Video, & Social Media Release

I, _____, grant permission to the Seminole Nation Diabetes Program to use any photograph, film, video, or audio of the above participant in any public release, publicity, television program(s), radio program(s), advertisement, brochure, promotional video, and including all social media platforms (Facebook, Instagram, Snapchat, Twitter, etc.) from the 8-week Spring Feke Yekce Challenge.

Signature: _____

Date: _____

